

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/27/03.

I. DISPUTE

Whether there should be reimbursement for 22899-51 – placement of fusion cages, denied on the basis of “N” – not documented use of inappropriate CPT code, 27299-51 - reconstruction of the Iliac Crest, denied as global and not documented, 22899-51 – preparation of the posterior element bone denied on “N” – not documented and “G” – global and 22325-51 – open treatment of vertebral fracture dated 9/26/02 and denied based on “N” – not documented.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/26/02	22325	\$1,214.00	\$00.00	N	\$2,428.00	MFG, SGR (I)(D)(1)	Page 4 of the operative report dated 9/26/02 indicates “open reduction of the L3-4 retrolisthesis was performed”. Reimbursement of \$1,214.00 or 50% of MAR is recommended.
	22899	\$1,200.00	\$00.00	N	DOP	MFG, SGR (I)(D)(1)	Pages 4 and 5 of the operative report dated 9/26/02 indicates installation of “Brantigan cage” was performed”. Reimbursement of \$600.00 is recommended or (50% of that considered fair and reasonable for service without a MAR.)
	27299	\$850.00	\$00.00	N, G	DOP	MFG, SGR (I)(D)(1)	The Operative Report verifies delivery of service. The carrier alleged that this service would be global to 22820. The Global Data Service Book, page 34, indicates otherwise. Reimbursement of \$425.00 or 50% of that considered fair and reasonable for service without a MAR is recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	22899	\$500.00	\$00.00	N, G	DOP	MFG, SGR (I)(D)(1)	The Operative Report, dated 9/26/02, verifies delivery of service. The Complete Global Service Data for Orthopedic Surgery, page 152 indicates this service would not be global to other services. Reimbursement of \$250.00 or 50% of that considered fair and reasonable for service without a MAR is recommended.
TOTAL		\$3,764.00	\$00.00				The requestor is entitled to reimbursement of \$2,489.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 22899-51, 27299-51, 22899-51 and 22325-51 in the amount of **\$2,489.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,489.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 10th day of September, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
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RL/nlb